



City of Leominster
Office of the Health Department
25 West Street – Suite 9
Leominster, MA 01453
Tel.: (978) 534-7533
Fax (978) 534-7508

FEE: \$50.00

**APPLICATION FOR LICENSE
BAKERY**

DATE: _____

TO LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statute thereto

ESTABLISHMENT NAME: _____

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

TO: **TO OPERATE A BAKERY IN THE CITY OF LEOMINSTER**

GIVE LOCATION BY STREET AND NUMBER:

in the City of _____ **LEOMINSTER**

in accordance with the rules and regulations made under authority of said Statutes.

Received _____ 20 _____

Signature of Applicant

ADDRESS: _____

Approved _____ 20 _____

License Granted _____ 20 _____